“EARLY PALLIATIVE CARE IN HEAD AND NECK CANCERS”

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Introduction

- ❖ Head and neck cancers in India accounts for 30% of all cancers. It is the most common cancer in males in India,² and 60 to 80% of patients present with advanced disease.
- ❖ The head and neck region contains several structures that are essential for important body functions. Hence, cancers in this region can disrupt one or more of the above, and may lead to psychological disturbances.
- ❖ Recent studies have shown that early integration of palliative care in cancers results in better quality of life and improved overall survival. Early palliative care may facilitate the timely management of symptoms, longitudinal psychosocial support, and smooth transition from primary oncology care to palliative care avoiding unnecessary intensive treatment.

Aim

To evaluate the effect of early integration of specialized palliative care into standard oncologic treatment on the quality of life of patients with advanced head and neck cancers.

Objectives

Primary objective:

- ❖ To evaluate the effect of early integration of specialized palliative care into standard oncologic treatment on the quality of life of patients with advanced head and neck cancers.

Secondary Objectives

- ❖ To evaluate the effect of early specialized palliative care on symptom control in patients with advanced head and neck cancer.
- ❖ To evaluate the effect of early specialized palliative care on overall survival of patients with advanced head and neck cancer.

Methods

FACT-H&N (Version 4)

Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

PHYSICAL WELL-BEING		Not at all	A little bit	Some-what	Quite a bit	Very much
Q01	I have a lack of energy	0	1	2	3	4
Q02	I have nausea	0	1	2	3	4
Q03	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
Q04	I have pain	0	1	2	3	4
Q05	I am bothered by side effects of treatment	0	1	2	3	4
Q06	I feel ill	0	1	2	3	4
Q07	I am forced to spend time in bed	0	1	2	3	4

Results

- ❖ A total of 50 patients were randomised with 25 patients in each arm (mean age 49.36, 74% males).
- ❖ There was no significant difference at baseline in quality of life (FACT HN- 83.14 vs. 85.78) and symptom control (ESAS-r- 25.48 vs. 22.56).
- ❖ There were no significant differences in mean change in quality of life between two arms at 04 week (5.95 vs. 0.88, P=0.44), 8 week (-1.88 vs. -2.69, P=0.92) and 12 weeks (-2.98 vs. -0.06 P= 0.77).
- ❖ There was no difference in overall survival in two arms (4.36 vs. 4.87 months P= 0.81).

- ❖ Change in symptom burden were also not significantly different between arms at 04 week (1.60 vs. -1.0, P=0.61), 8weeks (3.06 vs. 3.53 P=0.94), 12 weeks (3.41 vs. 0.00 P=0.6).

Conclusions

Early palliative care integration in head and neck cancers did not improved quality of life, symptom control and survival. As very small sample size been evaluated here, a larger multi-centred RCT needs to be conducted to ascertain efficacy.

References

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